

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 46

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Friends Of Jason Bartlett					<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Janice	MI H	Last Stevenson	Suffix		
4. TREASURER ADDRESS						
Street Address 32 Sunset Hill Rd		City Bethel		State CT	Zip Code 06801	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Undetermined				
8. CANDIDATE NAME						
Title	First Jason	MI W.	Last Bartlett	Suffix		
9. TYPE OF REPORT						
Termination Report for Candidate and Exploratory Committees (Non Standard) - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
04/01/2010 thru 06/21/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Janice Stevenson		06/22/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Jason Bartlett		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$1,795.00	
14. Contributions received from Individuals (Section A and B)	\$3,104.00	\$4,699.00
15. Receipts from Other Committees (Sections C1 + C2)	\$375.00	\$575.00
16. Other Monetary Receipts (Section D-I)	\$150.00	\$150.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$3,629.00	\$5,424.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$5,424.00	\$5,424.00
20. Expenses Paid by Committee (Section N)	\$5,422.66	\$5,422.66
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$1.34	\$1.34
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,070.53	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Saadi	First Name Thomas	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0023	Amount of Contribution
Residential Street Address 24 Tobins Ct	City Danbury	State CT	Zip Code 06810	Date Received 04/02/2010	
Principal Occupation Asst. Attorney General	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$44.00	
Last Name Birdwhistell	First Name Nan	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0022	Amount of Contribution
Residential Street Address 16 Cleft Rock Ln	City Woodbridge	State CT	Zip Code 06525-1417	Date Received 04/02/2010	
Principal Occupation Attorney	Name of Employer Martha Cullina LLP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Marcinek	First Name Robert	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0024	Amount of Contribution
Residential Street Address 27 Blackberry Rd	City Danbury	State CT	Zip Code 06811	Date Received 04/02/2010	
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	
Last Name Deakin	First Name David	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0021	Amount of Contribution
Residential Street Address 19 Oxford Streety	City Bethel	State CT	Zip Code 06801	Date Received 04/02/2010	
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

B. Itemized Contributions from Individuals

Last Name Brill	First Name Steven	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0026	Amount of Contribution \$50.00
Residential Street Address 10 Terry Dr	City Bethel	State CT	Zip Code 06801	Date Received 04/03/2010		
Principal Occupation Ins.	Name of Employer HCRS	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Shannon	First Name William	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0025	Amount of Contribution \$88.00
Residential Street Address 2 Blackman Ave	City Bethel	State CT	Zip Code 06801	Date Received 04/03/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$88.00		
Last Name Reynolds	First Name Joan	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0028	Amount of Contribution \$50.00
Residential Street Address 23 Idlewood	City Bethel	State CT	Zip Code 06801	Date Received 04/08/2010		
Principal Occupation Dem. Deputy Registrar of Voters	Name of Employer Town of Bethel	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Levy	First Name Warren	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0032	Amount of Contribution \$100.00
Residential Street Address 5 Pilgrim Dr	City Danbury	State CT	Zip Code 06811	Date Received 04/08/2010		
Principal Occupation CEO	Name of Employer Danbury Metal Finishing, Inc	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 04082010B				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

B. Itemized Contributions from Individuals

Last Name Olson		First Name David		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0034	Amount of Contribution
Residential Street Address 5 Wagon Rd		City Bethel		State CT	Zip Code 06801		Date Received 04/08/2010	
Principal Occupation Consultant		Name of Employer Strategy Advisors, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04082010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$144.00		\$144.00

Last Name Straiton		First Name Sharon		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0031		Amount of Contribution	
Residential Street Address 7 Codfish Hill Rd			City Bethel		State CT	Zip Code 06801		Date Received 04/08/2010				
Principal Occupation			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list Event # <u>04082010B</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$44.00			

Last Name Ryan		First Name Linda		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0044		Amount of Contribution	
Residential Street Address 4 Gale Ct			City Bethel		State CT	Zip Code 06801		Date Received 04/08/2010				
Principal Occupation Office Manager			Name of Employer Progressive Therapy & Wellness Assoc.				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00		\$25.00

Last Name Hutchinson		First Name Alice		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0035	Amount of Contribution	
Residential Street Address 153 Rockwell Rd		City Bethel		State CT	Zip Code 06801		Date Received 04/08/2010		
Principal Occupation N/A		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04082010B</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$88.00		\$88.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

B. Itemized Contributions from Individuals

Last Name Burgos Rodriguez	First Name Abner	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0039	Amount of Contribution \$100.00
Residential Street Address 8 Corn Tassel Rd	City Danbury	State CT	Zip Code 06811	Date Received 04/08/2010		
Principal Occupation	Name of Employer Standard Petroleum		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04082010B <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Muller	First Name Bruce	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0041	Amount of Contribution \$50.00
Residential Street Address 28 Walnut Hill Rd	City Bethel	State CT	Zip Code 06801	Date Received 04/08/2010		
Principal Occupation Psychologist	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Jennings	First Name Cynthia	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0043	Amount of Contribution \$25.00
Residential Street Address 55 Filley St	City Windsor	State CT	Zip Code 06095	Date Received 04/08/2010		
Principal Occupation	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Garcia	First Name Magdalena	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0037	Amount of Contribution \$144.00
Residential Street Address 143 Bradley St	City New Haven	State CT	Zip Code 06511	Date Received 04/08/2010		
Principal Occupation RE Specialist	Name of Employer Cartus		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04082010B <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$144.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

B. Itemized Contributions from Individuals

Last Name Struth	First Name Sharon	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0040	Amount of Contribution \$100.00
Residential Street Address 5 Fox Den Rd	City Bethel	State CT	Zip Code 06801	Date Received 04/08/2010		
Principal Occupation Writer	Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04082010B <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Stevenson	First Name Janice	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0054	Amount of Contribution \$50.00
Residential Street Address 32 Sunset Hill Rd	City Bethel	State CT	Zip Code 06801	Date Received 04/11/2010		
Principal Occupation Tech. Consultant	Name of Employer Fairview Research		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Bryant	First Name Katurah	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0045	Amount of Contribution \$25.00
Residential Street Address 57 Willis St	City New Haven	State CT	Zip Code 06511	Date Received 04/17/2010		
Principal Occupation Prof. Nurse	Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Pomazi	First Name Janice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0046	Amount of Contribution \$88.00
Residential Street Address 85 Sunset Hill Rd	City Redding	State CT	Zip Code 06896	Date Received 04/17/2010		
Principal Occupation Realtor	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$88.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

B. Itemized Contributions from Individuals

Last Name Nappier	First Name Denise	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0056	Amount of Contribution \$100.00
Residential Street Address 110 Westerly Ter .	City Hartford	State CT	Zip Code 06105	Date Received 05/24/2010		
Principal Occupation Treasurer	Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Kabak	First Name Lori	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0061	Amount of Contribution \$20.00
Residential Street Address 1801 Eaton Ct	City Danbury	State CT	Zip Code 06811	Date Received 05/25/2010		
Principal Occupation Town Clerk	Name of Employer City of Danbury		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Zimmerman	First Name Isabelle	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0058	Amount of Contribution \$25.00
Residential Street Address 1 Elgin Ave	City Bethel	State CT	Zip Code 06801	Date Received 05/25/2010		
Principal Occupation Sales support	Name of Employer Neopost		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Bickford	First Name Jane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0060	Amount of Contribution \$100.00
Residential Street Address 3 Vera Dr	City Bethel	State CT	Zip Code 06801	Date Received 05/25/2010		
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

B. Itemized Contributions from Individuals

Last Name Bara	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0059	Amount of Contribution \$50.00
Residential Street Address 33 Taylor Rd	City Bethel	State CT	Zip Code 06801	Date Received 05/25/2010		
Principal Occupation Construction Contractor	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Knapp	First Name Jonathan	MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0062	Amount of Contribution \$200.00
Residential Street Address 246 N Salem Rd	City Ridgefield	State CT	Zip Code 06877	Date Received 06/07/2010		
Principal Occupation Dentist	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Total of Section B						\$3,104.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						\$3,104.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Jason Bartlett						
C1. Contributions from Other Committees						
Name of Committee Local 371 UFCW PAC				Name of Treasurer Brian Petronella		
Address 21 Linden St Unit 18			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		Amount of Contribution \$375.00	
City Norwalk	State CT	Zip Code 06851	Date Received 05/21/2010	Aggregate Contributions \$375.00		
Total of Section C1						\$375.00

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Jason Bartlett				
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Friends Of Jason Bartlett		
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card
Total of Section E		

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Friends Of Jason Bartlett					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Jason Bartlett				
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Friends Of Jason Bartlett			
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Jason Bartlett					
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Tarrywile Mansion			Date of Transaction 06/07/2010		Amount Received \$150.00
Street Address 70 Southern Blvd .	City Danbury	State CT	Zip Code 06810		
Description Security Deposit refund					
Total of Section I					\$150.00

II. FUNDRAISING EVENT ACTIVITY					
NAME OF COMMITTEE Friends Of Jason Bartlett					FILING DUE DATE
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?			Yes	No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE								FILING DUE DATE	
Friends Of Jason Bartlett									
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items									
Name of the Purchaser <i>(Individuals ONLY)</i>		First Name		MI	Method of payment:			Aggregate Amount of Purchases	
					Cash	Personal Check	Credit/Debit Card		
Residential Street Address		City		State	Zip Code	Date Received	Event #		
Items Purchased									
Total of Section J2									

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
Total of Section J3						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City					State
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					
Total of Section K							

III. Non Monetary Receipts

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Jason Bartlett						
L. Refundable Deposit to Telephone Company						
Last Name (Individuals Only)		First Name		MI	Date Received	Amount of Deposit
Street Address		City	State	Zip Code		
Name of Telephone company						
Street Address		City		State	Zip Code	
Total of Section L						

III. NONMONETARY RECEIPTS					
NAME OF COMMITTEE					FILING DUE DATE
Friends Of Jason Bartlett					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Jason Bartlett							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Nicole Struth					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>104</u>	<input type="checkbox"/> Debit Card	
5 Fox Den Rd	Bethel	CT	06801	PRNT			
Description					Event #		
Cost of reproducing even lit.							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$602.38
Name of Payee					Date of Payment	Method of Payment	Amount
Nicole Struth					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>105</u>	<input type="checkbox"/> Debit Card	
5 Fox Den Rd	Bethel	CT	06801	POST			
Description					Event #		
Post							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$356.40
Name of Payee					Date of Payment	Method of Payment	Amount
Adam Chiara					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>102</u>	<input type="checkbox"/> Debit Card	
206 Beacon St	Hartford	CT	06105	POST			
Description					Event #		
cost of envelopes & postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$109.58

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

N. Expenses Paid By Committee

Name of Payee Adam Chiara				Date of Payment 04/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>103</u>	Amount \$42.39
Street Address 206 Beacon St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Description Mailing Label printing					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee The Study at Yale				Date of Payment 04/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u>	Amount \$808.14
Street Address 1157 Chapel St	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Description Food & Facility Use					Event # 03262010A	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee PayPlanner, Inc				Date of Payment 04/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u>	Amount \$41.00
Street Address PO Box 33413	City San Diego	State CA	Zip Code 92163	Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card	
Description Pmt for online Contribution services					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

N. Expenses Paid By Committee

Name of Payee Adam Chiara				Date of Payment 04/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u>	Amount \$96.99
Street Address 27 Blackberry Rd	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Description Cost of reproducing even lit.					Event # 03262010A	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	
Name of Payee Center for New Media and the Arts				Date of Payment 04/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u>	Amount \$250.00
Street Address 186 Greenwood Ave	City Bethel	State CT	Zip Code 06801	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Description Facilities Use					Event # 04082010B	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	
Name of Payee Janice Stevenson				Date of Payment 04/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u>	Amount \$6.02
Street Address 32 Sunset Hill Rd	City Bethel	State CT	Zip Code 06801	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Description Cost of reproducing QC Forms					Event # 04082010B	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Janice Stevenson				04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>110</u>	
32 Sunset Hill Rd	Bethel	CT	06801	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Beverages for Dinner event					04082010B	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$133.43

Name of Payee						Date of Payment	Method of Payment	Amount
Janice Stevenson						04/15/2010	<input checked="" type="checkbox"/> Check # 114	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
32 Sunset Hill Rd		Bethel	CT	06801	POST			
Description							Event #	
Express postage for Exploratory Filing								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
				Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$13.65								

Name of Payee				Date of Payment	Method of Payment	Amount
Nicole Struth				04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>111</u>	
5 Fox Den Rd	Bethel	CT	06801	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Cake for Dinner Event					04082010B	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$44.80

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Jason Bartlett							
N. Expenses Paid By Committee							
Name of Payee Nicole Struth					Date of Payment 04/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 5 Fox Den Rd		City Bethel	State CT	Zip Code 06801	Purpose of Expenditure FNRD	<u>112</u> <input type="checkbox"/> Debit Card	
Description Food for Dinner Event					Event # 04082010B		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
\$262.05							
Name of Payee Nicole Struth					Date of Payment 04/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 5 Fox Den Rd		City Bethel	State CT	Zip Code 06801	Purpose of Expenditure FNRD	<u>113</u> <input type="checkbox"/> Debit Card	
Description Food for Dinner Event					Event # 04082010B		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
\$63.60							
Name of Payee Nicole Struth					Date of Payment 04/17/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address 5 Fox Den Rd		City Bethel	State CT	Zip Code 06801	Purpose of Expenditure WAGE	<u>115</u> <input type="checkbox"/> Debit Card	
Description Wages					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name				Office Sought			
\$400.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Tarrywile Mansion				04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>116</u>	
70 Southern Blvd .	Danbury	CT	06810	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Deposit on convention site						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$150.00

Name of Payee					Date of Payment	Method of Payment	Amount
Tarrywile Mansion					04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>117</u>		
70 Southern Blvd .	Danbury	CT	06810	FNDR	<input type="checkbox"/> Debit Card		
Description						Event #	
Site rental for nominating convention							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$160.00

Name of Payee					Date of Payment	Method of Payment	Amount
Nicole Struth					06/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>118</u>		
5 Fox Den Rd	Bethel	CT	06801	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Pmt for services to the committee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$1,100.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

N. Expenses Paid By Committee

Name of Payee Jason 2010					Date of Payment 06/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u>	Amount \$195.00
Street Address 32 Sunset Hill Rd	City Bethel	State CT	Zip Code 06801	Purpose of Expenditure CNTRB	<input type="checkbox"/> Debit Card		
Description Contributions received post Nomination to Candidate Comm					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee J Michael Cobb					Date of Payment 06/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u>	Amount \$66.78
Street Address 20 Westwood Dr	City Danbury	State CT	Zip Code 06811	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Reimbursement for domain name purchase					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee J Michael Cobb					Date of Payment 06/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>250.00</u>	Amount \$250.00
Street Address 20 Westwood Dr	City Danbury	State CT	Zip Code 06811	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description Pmt for website developement & maintenance					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Jason Bartlett							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jonathan Knapp					06/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>122</u>	<input type="checkbox"/> Debit Card	
246 N Salem Rd	Ridgefield	CT	06877	REF			
Description						Event #	
Refund of contribution received after nomination (too big for CEP)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
						\$200.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Jason 2010					06/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>125</u>	<input type="checkbox"/> Debit Card	
32 Sunset Hill Rd	Bethel	CT	06801	SRPLS			
Description						Event #	
Surplus distribution							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
						\$12.45	
Name of Payee					Date of Payment	Method of Payment	Amount
Nicole Struth					06/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>123</u>	<input type="checkbox"/> Debit Card	
5 Fox Den Rd	Bethel	CT	06801	RCW			
Description						Event #	
Reimbursement for PO Box rental fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
						\$58.00	
Total of Section N							\$5,422.66

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Friends Of Jason Bartlett								
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address			City		State	Zip Code		Yes No
Purpose of Expenditure	Description				Event #			
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Jason Bartlett						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: Visa Master Card Discover American Other		
Name of Vendor					Date of Transaction	Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description				Event #	
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Jason Bartlett						
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div> <div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Jason Bartlett	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Nicole Struth		Date of Payment 04/07/2010		Method of Payment <input checked="" type="checkbox"/> Check # 105		Amount
Secondary Payee US Postal Service		Purpose of Expenditure POST		<input type="checkbox"/> Debit Card		
Street Address LIBRARY PLACE		City Bethel		State CT		
Zip Code 06801		Event # 04082010B				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other Candidate(s) Name		Office Sought		\$356.40		

Name of Worker/Consultant Nicole Struth		Date of Payment 04/07/2010		Method of Payment <input checked="" type="checkbox"/> Check # 104		Amount
Secondary Payee Staples		Purpose of Expenditure PRNT		<input type="checkbox"/> Debit Card		
Street Address 67 Newtown Rd		City Bethel		State CT		
Zip Code 06810		Event # 04082010B				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other Candidate(s) Name		Office Sought		\$602.38		

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Jason Bartlett					
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant Nicole Struth		Date of Payment 06/21/2010		Method of Payment <input checked="" type="checkbox"/> Check # 123	
Secondary Payee US Postal Service		Purpose of Expenditure OVHD		<input type="checkbox"/> Debit Card	
Street Address LIBRARY PLACE		City Bethel		State CT	Zip Code 06801
Description Reimbursement for PO Box rental fee				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
					\$58.00
Total of Section R					\$1,856.07

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Jason Bartlett				
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				